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ABSTRACT

The paper presents a review of the literature on physical child abuse. Aspects covered include the history of child abuse, incidence and statistics, definitions, improved reporting and detection systems, the physician's role, informing the public, child abuse theories, potential for abuse in the parent, the child's own contribution to his or her abuse, the role of crises and stress situations in bringing about abuse, and treatment and psychotherapy. (DLS)

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A Review of the Child Abuse Literature

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A Review of the Child Abuse Literature

Child abuse is a complex phenomenon and a general term which refers to six forms of parental maltreatment of the offspring including physical and emotional abuse and neglect, verbal assault and sexual molestation. Such behaviors result not only in bodily damage to the child but also in behavioral, emotional and cognitive excesses and deficits (Reidy, 1976). Due to the fact that each sub-division has a characteristic motivation underlying its manifestation as well as a unique set of antecedent conditions, Gelles (1976) has suggested that each category remain distinct. In accord with such a proposal, this paper will deal solely with the history, theories and treatment regarding physical abuse of the child.

A review of the literature of the past 2 decades indicates a trend in the research from which several overall goals may be inferred. One of the primary intentions of many investigators is the identification of "typical" or recurrent behavior patterns of the abusive individual (Merrill,1962; Boisvert,1972; Rosen,1978) which may be accomplished through the integration of psychological and demographic characteristics as well as consideration of personality and social-situational variables. Such profiles have proven to be very beneficial in aiding professional personnel with early and accurate recognition of potentially abusive parents putting the investigators one step closer to the ultimate goal-

prevention. However, Sandgrund, Gaines and Green (1974) proposed that until a thorough understanding of the parent-child relationship is attained, preventive action against abuse is relatively impossible.

History of Child Abuse

Although recently emerging in public awareness, child abuse is not a historically novel occurrence (Radbill,1968; Pfohl,1977). In ancient Greece and Rome, philosophical and political leaders, such as Plato and the emperor Tiberius, denounced excessive punishment of the young either as a means of discipline or education, or as a source of pleasure to the gods. Daily flailings, also prohibited by law, were administered to maintain the body's purity and freedom from evil spirits, but parental overzealousness in this activity frequently resulted in infanticide.

In the early 1800's, it was apparent that children reared in neglected and often abusive homes were responsible for a substantial proportion of the minor street crimes being committed. To counter this trend, reform movements were initiated with the whose underlying motivation was of to saving society from the delinquency of these youths rather than to investigate the antecedent conditions of the child's behavior (Pfohl,1977). The most common course of action taken in these cases was to remove the child from the home with subsequent placement into an institution.

Between 1860 and 1880, the first real interest in child abuse in the United States developed in response to the numerous cases reported

throughout the country particularly in New York City and its surrounding areas. Perhaps the most outstanding and influential was the 1874 account of Mary Ellen, a young girl who suffered from severe malnutrition and was regularly beaten by her adoptive parents. Members of the family's church group were cognizant of the situation and attempted on many occasions to have legal action taken against the parents; however, all proved to be futile due to a total absence of child protective laws. In a final plea, the congregation of concerned individuals contacted the Society for the Prevention of Cruelty to Animals (SPCA) and asked that they intervene on Mary Ellen's behalf. The organization declared that the child was a member of the animal kingdom and as such deserved protection under their auspices. In response to the Mary Ellen case and the many others similar to hers, The New York Society for the Prevention of Cruelty to Children (SPCC) was established in 1875. The main focus of this organization was to remove the child from any safety-threatening environment dealing with employers and adoptive and foster parents. Natural parents were rarely the target of investigation as, at that time, as in the past and the present, it was believed that the child was the property of the parent who possessed an inalienable right to discipline the offspring, free from outside interference, in any manner seen to be most appropriate. Only in those instances where parental abuse led to permanent damage was prosecution undertaken and of these, only 5 to 10% of the accused individuals were convicted with sentences for the

crime being significantly less austere than had that same aggressive act been directed toward an adult (Pfohl,1977).

Encouraged by the progress of this pioneer organization, others slowly appeared such as the American Association for the Study and Prevention of Infant Mortality (1909), the Children's Bureau of the Department of Health, Education and Welfare (1930) and the Mother's Aid Movement. The latter was predominant for nearly 2 decades (1910-1930) and unlike the Society for the Prevention of Cruelty to Children, did not believe that removal of the child from the abusive millieu was the ultimate solution but rather promoted the unity of the family by mutual consent of all members with respect to certain problem areas.

At this point in time, professionals were experiencing much difficulty in determining the exact cause of these childhood injuries but postulated that they were produced by physiological disturbances compounded by an unstable home environment. However, in 1946, John Caffey, a pediatric radiologist, stated that abnormal fractures and subdural hematomas (blood clots or tumors of the brain), observed on emergency room x-rays, were the aftermath of accidents resulting from parental carelessness (Justice and Duncan,1975). This hypothesis was displaced approximately 10 years later by Woolley and Evans (reported by Gil,1970) who attributed these wounds to the intentional acts of the parent, claiming that such individuals were mentally ill. Upon publication of the findings, child abuse became an increasingly worrisome topic for

researchers and funding for such programs became a major concern on the local, state and federal government levels. Between 1962 and 1966, all 50 states passed mandatory child abuse reporting laws and in 1974, the National Child Abuse Act was instated under which $76 million of federal funds were appropriated to state authorities in 1976 for the establishment of protective service agencies dealing with child abuse victims (Rosenfeld and Newberger,1977).

Statistics

Prior to 1960, child abuse statistics were rarely officially reported in any psychological or medical publications and the topic generally received minimal public attention. However, a recent "apparent" increase in the recorded incidence rate has spurred many researchers to an in-depth study of the field.

In 1977, 22,000 cases of child abuse were reported by the Department of Health, Education and Welfare to be compared with a 1968 figure of 6,000 (Gelles,1976). Various explanations have been proposed to account for this nearly quadrupled quote, one of which is that society tolerates corporal punishment and is becoming more aggressive, consequentially displacing this hostility upon its youth (Spinetta and Rigler,1972; Friedrich and Boriskin,1976). Among alternative rationalizations are the differential effects due to the definition employed, the enforcement of mandatory reporting laws, the establishment of central registries and

the increased awareness of medical personnel and the general public.

Definition. Many investigators have suggested that child abuse surveys will yield quite discrepant results based on the definition employed (Gil,1968; Caskey and Richardson,1975; Justice and Duncan,1975; Reidy, 1977).

In their review of the literature, Park and Collmer (1975) cited three basic classifications applied in past research endeavors; those that deal with the extent of the injury, the intent of the abuser, and the cultural acceptance of the behavior. Pertaining to the former, consideration is given only to those wounds which are observable such as broken bones, physical trauma, black eyes, bite marks, cuts, burns, intra-cranial bleeding and ruptured organs such as the stomach and liver (Fontana,1973; Mitchell,1975; Friedrich,1977). The manner in which the definition may affect the reported incidence rate is readily understandable. Should one apply a very specific terminology in a survey (i.e., including only that abusive behavior resulting in broken bones) one would expect a much lower frequency count than if a broad conceptualization of the term had been invoked which would include many of the above described symptoms.

In the second example, the central quality is that of intentionality or motivation of the abuser. It must be determined if the individual inflicted injury due to a loss of control while administering fair discipline or if the principle desire was to harm the child (Gil,1968;

Steele and Pollock,1968). However, as intent is an unobservable construct, it is difficult to differentiate accidental from sub-consciously intentional injury (Gil,1970). In the third category, it is noted that each culture and each social class within the culture tolerates a certain degree of punishment, beyond which the behavior is no longer sanctioned and is labeled as abusive (Steinmetz,1977). Therefore, what one individual considers to be excessive discipline, another may not.

Improved reporting and detection systems. It is virtually impossible to have an accurate statistic representing the frequency of child abuse. Despite the reported rate of 22,000, Gil (reported by Light,1973) estimated that the actual number of such cases may range from 2.5 to 4 million, given such factors as all children who are abusedare not injured and of those who are, only a small percentage may be of sufficient severity to warrant medical attention (Brandwein,1973). Various researchers have indicated that the increment may be a consequence of superior reporting rates and more advanced detection systems (Horenstein,1977; Mogielnicki, Mogielnicki, Chandler, and Weissberg,1977). Among the social instruments responsible for encouraged reporting are the state mandatory laws concerning child abuse, passed in the mid-sixties (Light,1973; Caskey and Richardson,1975; Weinbach,1975; Rosenfeld and Newberger,1977). At the time of their initiation, many individuals were unaware of the laws' existence, rendering them meaningless. However, throughout the past decade, the legislation has grown in popularity among doctors, social

workers, school administrators and other medical and professional personnel. Formerly refusing to get involved with such cases, persons covered under the laws are now required to report any suspected child abuse incidence while simultaneously being freed from their ethical privileged communications restrictions. There is total elimination of any threat of reprisal or liability from parents incorrectly accused of abusive behavior. Despite the existence of the laws and the fact that failure to comply may result in the issuance of a fine, Gil (1968) has implied that compliance is a function of the socioeconomic status of the reporter.

In addition to these statutes, it has been proposed that the installation of central registries may also contribute to the overall published rates (Weinbach,1975). At all costs, the abusive parent's goal is to remain undetected. In order to accomplish this, the battered youngster is rarely treated by the same doctor but is attended by a wide circuit of trained physicians who complete a report which remains on file in their respective offices. According to the mandatory reporting laws, each doctor must also inform a central location of any suspected abuse victim and if he or she is called upon to treat such a case, must take appropriate action by checking with the registry to determine if similar treatment has been logged by any other specialist. The rationale for this system lies in the belief that accidental occurrences may produce suspicious injuries on any given occasion but should such evidence be continually present, further investigation is required.

Trained medical personnel and a well-informed public. Within the past decade, emergency room personnel have received specific instruction and training regarding the warning signals indicative of child abuse. It is believed that this additional education has contributed to the "discovery" and subsequent reporting rate increase of many cases that would otherwise have gone unnoticed. In general, it is these individuals who have primary, if not sole contact with the family, whereby detection of foul play may depend exclusively on their knowledge of and familiarity with the area.

Fontana (1973) proposed four criteria upon which diagnosis of abuse should be based - the physical examination of the child, the history of the child's present physical condition, a description of the circumstances surrounding the injury and diagnostic x-rays. However, Kempe, Silverman, Steele, Droegemueller, and Silver (1962) state that unless there is a gross fracture or dislocation, no signs of bone injury will be detected during a period of 7 to 12 days after the injury is sustained. It is therefore the responsibility of the medical technician to be aware of this and to arrange a subsequent check-up for the patient. Abuse is an accurate diagnosis should the x-rays denote an assortment of injuries in differential stages of healing, implying they were obtained at various times.

In addition to the objective evidence provided by x-rays, other warning signs include an extended delay between the time of the

"accident" and the child's arrival at a treatment center (Mitchell,1975), the tendency for an abusive parent to disclaim any knowledge of the circumstances surrounding the incident (Elmer and Gregg,1967) and the apparent incongruence between the physical injury of the child and the explanation of such injury offered by the parent (Kemp et al.,1962). Galdston (1965) cited the parent's tendency to depart shortly after the admittance of the child for emergency care and their unconcerned or apathetic attitude toward the well-being of their offspring. Furthermore, one might also appraise the physical appearance of the youngster. Abused children often experience a failure to thrive syndrome whereby they score far below the third percentile for their age and sex on dimensions such as height and weight (Elmer and Gregg,1967).

Despite the contribution of medical personnel, it has been proposed that a public, adequately informed of all aspects of the abuse phenomenon, may account for a substantial proportion of the improved reporting rate. To test this hypothesis, Friedrich (1977) conducted a two-week campaign against child battering, adopting the services of a wide variety of media such as television and radio public announcements and broadcasts and billboard and newspaper advertisements. Reported incidents were tallied at intervals of 2 weeks, 3 months and 6 months subsequent to the drive conclusion with a significant increase at the final test period only. Among the most frequent reporters were neighbors, school staff, relatives, friends, social service agencies, the spouse of the abuser and police

and hospital officials with the most ample increment cited in medical and educational staff.

Theories of Abuse

Researchers have proposed that the simultaneous presence of three factors is an essential requirement for the manifestation of child abuse. These include a potential for abuse in the parent, a special or vulnerable infant who possesses characteristics that "invite" abuse and a series of crises or stress situations (Green, Gaines, and Sandgrund,1974; Nazarro,1974; Bradford,1976; Friedrich and Boriskin,1976; Ackley,1977). Spinetta and Rigler (1972) caution against the over-emphasis of any one of these components and state that the effect of the predisposition of the parent is dependent upon the influence of the child and the social and economic difficulties experienced by the family. Ceresnie (1977) views stress as a definite contributor to the occurrence of abuse but does not find it to be of sufficient explanatory value due to its existence in samples of both abusive and non-abusive mothers.

In spite of the appeal to investigators to treat these three elements as a unit, theorizing has involved the selection of one area of concentration, independently of the other two, in an attempt to compile the disparate and often contradictory findings into a cohesive hypothesis of child abuse.

Potential for abuse in the parent. The outstanding theory established in this regards is the Psychopathological Theory of child abuse (Caskey and Richardson,1975; Gelles,1976; Evans,1977) which views abusive parents as mentally and emotionally disturbed adults exhibiting anxiety and depression with symptoms of schizophrenia, psychosis and neurosis (Steel and Pollock,1968; Gil,1970). According to Lund (1975), these individuals have a history of psychiatric treatment and appear to be well-adjusted only on those items where the social desirability of the response is readily assessable (Wright,1976; Ceresnie,1977). Based on results from the Weedman, Warren and Marx Self-Concept Incongruence Scale, Rosen (1978) indicated that abusive mothers have a more inconsistent self-concept than non-abusive mothers and that there exists a substantial discrepancy between the manner in which they view themselves and the image they desire to project. Abusive parents have a propensity to be apathetic (Evans,1977) and to exhibit an incomplete identity formation (Green et al.,1974). They also perceive themselves as suffering from a higher incidence of physical health problems (Conger,1977) and to be less able to integrate emotions with realistic thinking (Amberg,1977) than a non-abusive control sample. Furthermore, Martin and Beezley (1977) concluded that abusive parents have a low frustration tolerance and hence a lower threshold for the expression of aggression (Spinetta and Rigler,1972; Floyd,1976).

Although this supposition serves a societal function in that abuse

is seen as a personality disorder rather than a function of some feature of the culture, its credibility is limited by results such as those obtained by Mitchell (1975) who found no signs of overt mental disease in his sample and Kempe (reported by Parke and Collmer, 1975) who tallied less than 10% of his patients as mentally ill, requiring admittance into an institution.

A second theory which has recently gained a high degree of acceptance among investigators of this topic is the Parental Inadequacy Theory or Generational Hypothesis. Steele and Pollock (1968) proposed that mothering consists of 2 basic constituents - the mechanical duties of caring for a child, such as feeding and bathing and those behaviors labeled as the "motherliness function" which include satisfaction of the child's needs with kindness and tenderness and the display of a general attitude of compassion towards the offspring. These researchers believe that abuse results from a breakdown of the motherliness function, whereby the child continues to receive sufficient physical care but is severely deprived of any love and/or affection from the mother. In addition, Steele and Pollock do not believe that mothering abilities are innate as they are in lower animals but that they must be learned in the first three to four years of life through such means as imitation. In the case of the abusive parent, the offspring has an inadequate model for the development of empathetic skills but an excellent ideal for the acquisition of aggressive behaviors. Such families exercise an excessive degree of

punishment to control the child as a high value is placed on discipline and in many instances the parent sees no other way of instruction (Tracy and Clark,1974; Evans,1977). Sears, Maccoby and Jacklin (reported by Steinmetz,1977) suggest that use of physical punishment by the caretaker will increase aggressive acts in the young. This is verified by Reidy (1976,1977) and Friedrich (1977) who report that the abused child uses aggressive behavior with a greater frequency in play settings than do control children. Likewise, cross-cultural studies indicate that less physically violent discipline and more love-oriented discipline result in less child abuse in Japan (Goode, reported by Parker and Collmer,1975).

These two findings taken together suggest that the abused child will experience extreme difficulty in developing the behaviors required for motherhood. Horenstein (1977) has suggested that the effects of inadequate mothering, resulting in abusive behavior as an adult, can be countered by peer interaction, whereby the child would establish emotional identification with others, using friends, rather than parents as models. However, Young (reported by Parke and Collmer,1975), although in agreement with this finding, denotes the tendency of abusive parents to prevent their offspring from forming relationships or friendships with others outside the home and immediate family. Hence, the child is in closer proximity to the parent for longer periods of time and the probability of abuse is augmented.

Based on these inferences, the proposal of the Generational Hypothesis,

or the tendency for abused children to become abusive parents, appears to be well-documented (Boisvert,1972; Spinetta and Rigler,1972; Lund,1975; Scott,1975; Fontana,1976; Wright,1976; Ackley,1977; Conger,1977).

Although the current ex post facto research has elucidated many trends and characteristics of the abusive population, several investigators have endeavored to predict in which cases battering will occur due to an underlying potential for abuse in the parent. Steele and Pollock (1968) have successfully prognosticated later abuse by interviewing prospective parents and revealing their expectations of a child. It has been suggested that abusive parents make excessive demands upon their offspring at too early an age and that they have an unrealistic conception of the infant (Wright,1976). Whereas some investigators find evidence to support the belief that abusive parents are ignorant of the norms of child development (Tracy and Clark,1974; Collins,1975), others show contrary findings (Mitchell,1975; Clark,1976; Stults,1976). Based on responses to the Parental Expectations Questionnaire, Berg (1976) concluded that abusive parents have later criteria for all child behaviors than do non-abusive control parents with the exception of emotionally charged items such as the appropriate age at which a child stop crying when so directed. The author cites crying as one of the major causes of abuse. Therefore, one may readily establish a possible link between parental expectations with respect to this behavior and abuse.

Mitchell (1975) has employed post-natal maternal attitudes towards

the child as a predictor of abuse as have other researchers and found that abusive parents are generally insecure about their child's love (Green et al.,1974) and fear that child as competition for the spouse's love (Steele and Pollock,1968). In addition, the major focus is upon the negative aspects of the child's personality and behavior (Collins, 1975) resulting in parental rejection of the child with hostility directed towards him or her (Martin and Beezley,1977).

Perhaps the most fruitful of the predictive measures is the application of the Minnesota Multiple Personality Inventory (MMPI) (generally employed as a diagnostic screening device to differentiate normal from abnormal individuals) to distinguish between abusive and non-abusive parents (Paulson, Afifi, Thomas, and Chaleff,1974; Paulson, Schwemer, and Bendel,1976; Wright,1976). All 10 scales of the MMPI were administered to groups of abusive and non-abusive parents matched on socioeconomic status and it was found that only two, the P_D or psychopathic deviate scale and the M_A or hypermania scale, successfully discriminated between the two populations. The first of these measures the tendency to act out socially unacceptable impulses and the ability to get along well with family members. Abusive individuals scored high on both dimensions indicating that they had immoral and immature tendencies compounded by a high disregard for social customs and authority. There was a greater level of family discord in addition to excessive alienation from self and society. In accord with these measures, many investigators have

described abusive parents as having an extreme distrust of people and as being socially isolated loners (Boisvert,1972; Green et al.,1974; Caskey and Richardson,1975; Colman,1975; Ackley,1977; Ceresnie,1977; Rosenfeld and Newberger,1977). While they readily accept emotional support, abusers are slow in returning it. Hence, the development of any one-to-one relationship is nearly impossible. From responses to the second scale, abusive parents appeared to be impulsive, emotionally excitable and continually "driven" by some inner force. They were depicted as very self-centered and impulse-oriented individuals who require constant ego inflation to compensate for their personal failures. Although both scales were accurate differentiaters, the P_D resulted in higher predictive value for the profile of abusive females rather than males, whereas the results for the M_A scale were more positive for abusive males than females.

The child is special. It has been proposed that the child himself may contribute to his or her own abuse. Gil (1970) suggested that in any given family, one offspring is singled out for the attack and often times, in spite of removal from the natural environment, is reported as having been beaten in various foster homes into which he or she was placed (Steele and Pollock, 1968).

In numerous instances, abusive behavior results from a distorted perception of the child in a particular stage of development and it is this perception, rather than actual characteristics which produce ex-

cessive parental punishment. Reidy (1977) cited the abusive mother's inclination to view the child as overly aggressive and uncontrollable whereas Galdston (1965) claimed that the youngster was not discerned as a helpless creature but as a being with the capacity for deliberate and organized behavior. Alternatively, the abusive parent may envision the baby as the embodiment of his or her own rejecting parent or as a hated spouse or relative (Gil,1970), both of which contribute to the possibility of battering.

However, research has demonstrated that many abused children are in reality "special" due to the existence of congenital physical abnormalities (i.e., cleft palate, hair lip, limp) and/or retarded development (Green et al.,1974; Nazarro,1974; Thatcher,1977). Johnson and Morse (reported by Friedrich and Boriskin,1976) recorded 70% of their sample as exhibiting physical defects with an additional 30% suffering from mental deficiencies. Further support for this latter finding was offered by Elmer and Gregg (1967) who noted that 55% of their abused patients were functioning with an intelligence quotient of less than 80, well below the normative score of 100. However, the generalisability of these results is questionable as the directionality of the relationship between child abuse and brain damage (resulting in retardation) has not yet been established. It is possible that the damage is solely due to parental head injuries administered to the child during an abusive attack (Sandgrund et al.,1974) or it is equally probable that the damage

occurred pre- or peri-natally (Brandwein,1973) and that the child's subsequential slow learning provoked parental frustration and abuse. Martin and Beezley (1977) reported that infants with borderline abnormalities were at a greater risk than were severely handicapped children as the ambiguity which arose in the former group led to stress and increased the probability of abuse.

In other family situations, it is the personality of the child which infuriates the parent and "drives" him or her to abusive behavior. While conducting the New York Longitudinal Study, Thomas, Chess, Birch, Hertzig, and Korn (reported by Friedrich and Boriskin,1976) delineated three temperamental descriptions of children - the easy child, the slow-to-warm child and the difficult child. The latter was depicted as hard to manage with an irritable cry which was unsoothable. Moreover, these children were non-cuddlers and violently reacted to any cuddling overtures made by the parent. It is believed that infants referred to as "difficult" are highly probable victims of abuse as 2/3 of the abusive mothers studied by Ounsted, Ounsted, Oppenheimer, and Lindsay (reported by Friedrich and Boriskin,1976) complained that their infants did not enjoy being cuddled.

Should the parent find the child more passive or more active than anticipated, abuse is likely (Steele and Pollock,1968) as is the case should the child be of the unpreferred sex (Nazarro,1974; Ackley,1977).

Much research has centered around the apparent finding that among

premature children, there exists a high incidence rate of abuse (Steele and Pollock,1968; Justice and Duncan,1975; Friedrich and Boriskin,1976). In addition to the premature child being more distractible, restless and difficult to care for than full-term babies, it is believed that their overall colicky disposition is responsible for this exceptional frequency figure (Green et al., 1974; Ackley,1977; Thatcher,1977). Others have postulated that it is the prolonged post-partum separation of the mother and infant which delays attachment formation and increases the probability of abuse by the parent. Friedrich and Boriskin (1976) observed the hospital visiting patterns of 146 mothers of premature infants. Of this group, 38 of the mothers visited their offspring less than 3 times in a 2 week period and of this total, 11 were later reported as child abusers. Of course, it is impossible to estimate the percentage of individuals guilty of abuse who escaped detection. However, based on these findings alone, it does appear that something is amiss in the attachment relationship which allows mothers to administer excessively severe discipline to their infants.

It has also been proposed that the premature infant possesses a particularly aversive cry and appearance which designates him or her for abuse. To test this hypothesis, Frodi, Lamb, Leavitt, Donovan, Neff, and Sherry (1978) videotaped four conditions which consisted of various combinations of full-term and premature newborn's faces and cries (i.e., the face of a full-term neonate paired with a normal and a premature cry

and the face of a premature infant coupled with a normal and a premature cry). Each tape was divided into three 2-minute segments where segments one and three portrayed a quiet child permitting assessment of the main effects of the child's appearance and segment two synthesized the influence of the cry and the face allowing evaluation of the interaction. The dependent variable in the study was the arousal level of the adults viewing the neonate as measured by heart rate, galvanic skin response and diastolic and systolic blood pressure. It was concluded that arousal level increased whenever a cry was emitted regardless of the age of the child and that such an effect was more pronounced for a premature rather than a full-term cry. The greatest recorded levels resulted from the viewing of a premature child paired with a premature cry, suggesting that there is an intrinsic quality in the premature infant which others find to be excessively aversive, hence increasing the probability of abuse. Battering of a premature child at a later age is explained through classical conditioning with the implication that although the initially repugnant qualities have dissipated, they still exist in association with the child.

In addition to these outstanding and well-documented qualities of abused children, other consistencies have been noted in physical, emotional and behavioral attributes. Despite the present impossibility of determining if these characteristics result from abusive attacks or if it is the presence of these traits at birth and throughout life which

augments the possibility of parental battering, the observations are recorded below.

The abused infant has been described as apathetic to both tactile and verbal stimulation (Thatcher,1977) as well as exhibiting relatively little emotional facial expressions. Frequent sleep disturbances may be noted as may be a reduction in body weight due to loss of appettite (Harrington, reported by Weinbach,1975). The youngsters also score consistently lower than the norms on items from the Bayley Scale of Intelligence and due to their oppositional disposition, display frequent temper tantrums (Reidy,1977).

During early childhood, the abused toddler remains withdrawn and does not appear to enjoy those activities in which his or her peers delight (Galdston,1965; Martin and Beezley,1977). In elementary school, still distrustful and fearful, he or she rarely develops the social skills required to establish any one-to-one relationship (Horenstein,1977). The child is reported to be unusually immature (as indicated by teacher ratings), to demonstrate poor impulse control (as indicated by frequency of engaging in lying and stealing behaviors) and to have lower feelings of self-esteem, self-confidence, and self-reliance (Green et al.,1974; Reidy,1976). Despite these rather negative connotations, early in life the abused child develops the ability to perceive modifications in human moods and the external environment (Ackley,1977). This has proven to be an extremely adaptive behavior as with early detection of parental

anger, the child may ward off an attack with a parallel change in his or her actions.

Noted as having a higher enrollment in psychiatric institutions (Christiansen,1976), this group also tends to exhibit a substantial incidence rate of emotional disturbances, speech delays and difficulties, brain damage and permanent neurological disabilities (Brandwein,1973; Mitchell,1975). The adolescent, abused as a child, is frequently accused of delinquent and violent behavior with a pronounced involvement in drugs and alcohol (Fontana,1976).

A series of crises or stress situations. A third and final factor invoked to account for abuse is that of parental stress, the sources of which, although infinite, may be divided into two categories - class-related and those not limited to a particular social level. Among the former are overcrowded living conditions (Caskey and Richardson,1975) and poverty (Wright,1976; Rosenfeld and Newberger,1977). However, one must not conclude from this that child abuse is a phenomenon unique to those lower socioeconomic status individuals (Spinetta and Rigler,1972; Weinbach,1975). Although Gil (1968) cited that 56% of his abusive parents were classified as poor, one must take into consideration the manner in which this sample was drawn. The principle investigator, obtaining hospital and free-clinic case reports as a major source of data, confounded the place of treatment with the status of the clientele. The major reason for attendance of an injury at one of the above locations

rather than at a private physician's office is the costlier fee charged by the latter. It is therefore reasonable that patients of slightly better economic means would visit a doctor. Hence, these cases went unrecorded in any statistical analysis performed by Gil.

Work related factors (such as conflict with an employer or a modification in working hours) are among those recurrently included in the second, or non-class related grouping (Justice and Duncan,1977). It is also believed that changes in job locale increase the amount of stress experienced by the family. In accord with this, Gil (1968) reported that only 25% of the abusive parents sampled resided in the same location for 3 years or more at the time of the attack, thereby attesting to the constant need to adjust. This supports the interpretation of the abusive individual as a loner. Having no knowledge of the exact duration of her stay in a particular region, the abusive mother avoids establishment of any relationships, to prevent subsequent emotional upset at the time of departure.

Associated with work-oriented problems is that of unemployment (Spinetta and Rigler,1972; Caskey and Richardson,1975; Fontana,1976; Martin and Beezley,1977; Rosenfeld and Newberger,1977), especially the role reversal of spouses whereby the husband cares for the children while the wife assumes the position of the family breadwinner (Galdston,1965; Steele and Pollock,1968; Green et al., 1974; Justice and Duncan,1977). Approximately 50% of the child abuse cases investigated by Gil (1970)

were committed by fathers who had been unemployed for a certain time interval in the preceding year. This set of circumstances increases the probability of abuse by both partners as a consequence of the inadequacy experienced by the father in regards to relinquishing his familial financial responsilities and the overload of the mother who is not only accountable for her job assignment but also her household duties (Boisvert,1972).

However, abuse is not completely a function of occupation and economics as it appears that the marital situation in numerous abusive families contributes to the already existing stressful home conditions. As an active partner in a relationship based on dependent clinging and fear of loneliness, the abusive parent tends to rely on his or her spouse as a source of problem-solving. There is an observable lack of communication between the individuals who exhibit very demanding behavior (Steele and Pollock,1968), despite which they are described as less complying with each other's commands than are non-abusive spouses (Conger, 1977). As a result, the marriages of many abusive parents end in divorce or separation or continue to function in an unstable manner (Lund,1975). Instances of the latter case encompass the husband, engrossed in his work, who neglects the wife and her needs. In an attempt to satisfy these necessities, the wife reaches out to the child who, developmentally immature, is incapable of meeting the mother's demands. This failure on the part of the child is seen as rejection by the mother and hence

engenders battering. In this category, one must also include the abused wife who, in response to a beating from the spouse, displaces her aggression onto the child (Scott,1975).

Two additional situations have been cited as contributors to parental stress and hence abuse. Light (1973) reported that the average abusive family size well exceeds the national average and that in these homes, there appears to be many children in close succession (Nazarro, 1974). Furthermore, the birth of an illegitimate child produces increased tension as evidenced by the mortality rate due to abuse which is approximately two times greater than the deaths due to abuse in the legitimate population.

In an attempt to determine if maternal punishment was manipulable by inducing situational stress, Passman and Mulhern (1977) conducted a study in which the mother was to perform a given task which varied in degree of stress and certainty. Her child accompanied her to the testing location and was placed in an adjacent, but non-visible room. Throughout the course of the experiment, the mother was signaled as to the "supposed" behavior of the offspring, which when warranting punishment was administered to the child by a co-worker according to the parent's instructions. It was concluded that the intensity of the discipline issued by the mother was both a function of the parental situation and the child's behavior. More intense punishment was distributed if the mother was performing a stressful, uncertain task (rather than a non-stressful, certain task) or

if the child's interruptions were of a greater than average frequency. Therefore, Passman and Mulhern demonstrated that situational stress is indeed a causal agent for increased parental aggression and subsequent abuse.

Treatment

Although the major concern of this review has been the causes and effects of child abuse, no commentary would be complete without a brief overview of the current implementation of treatment programs. Until recently, traditional treatment of child abuse was the removal of the offspring from the high-risk home (Weinbach,1975; Gelles,1976). Delsordo and Zalba (reported by Gil,1970) established certain criteria to be met before the child be relegated from the home, which included the degree of the parent's mental illness, the extent to which the parent's disturbance was non-specific, the depressive/passive state of the abuser and the pervasiveness of the parent's anger and abuse. However, researchers have of late suggested that the harm which results due to placement of the child into a foster home or temporary care center may be more detrimental than abuse itself (Martin and Beezley,1977). Elmer and Gregg (1967) proposed that the child should be withdrawn from the natural parents only if the caretaker fails to respond to milder measures such as therapy. They also concluded that change in environmental living is a powerful influence in allowing the child to attain his full growth

potential. Because of this, it is extremely important that highly selective qualifications and principles be employed to determine the eligibility and adequacy of the foster care.

Based on the three factors which have been designated as significant contributors to abuse, certain precautionary measures have been implemented. If the problem is one of parental inadequacy, it appears to be beneficial to initiate a parental education program prior to the birth of the child to help the prospective parents prepare for the arrival of the offspring (Jayaratne,1977) or to implement such a program in the hospital nursery (Horenstein,1977). Although some question has been raised as to which values would be taught, instruction in the norms is suggested due to the universality of certain aspects of the parent-child interaction. Furthermore, if it is stress induced by poverty or unemployment which is provoking the abusive attack, counseling as well as guaranteed part-time employment is recommended (Justice and Duncan, 1977). Affordable child care facilities have also been observed to reduce the tension often produced by many children at home with an already over-burdened caretaker, as have legalised abortions to aid in the reduction of the number of unwanted children born annually (Spinetta and Rigler,1972).

Intervention with the abusive family may take two forms - control or compassion (Rosenfeld and Newberger,1977). In the former, parents are urged to take responsibility for their actions and are considered

to be punishable under law. Although an adequate model, many social agencies discard this system as they reject the notion of personally judging the conduct of the parent. As an alternative, but not without flaws of its own, is the compassionate model which requires that the counselor have insight into and sympathize with the problems of the abuser. Clinicians approach the client with a non-punitive outlook and treat him or her as a victim not a criminal. However, in their attempt not to alienate the parent, workers often over-identify with the adult and despite their intentions, do not invoke sufficiently severe limits on parental behavior. A common outcome is the return of the parent to abusive actions. A majority of agency workers have attempted to merge the aspects of both designs by assigning two assistants to each case, one that identifies with the parent and another who judges the legal consequences of the abuser's actions.

In the past decade, various therapy programs have been innovated of which psychotherapy is presently the most applied. Focusing on the intra-psychic problems of the parent, psychotherapy attempts to improve the abuser's ability to deal with marital and personal difficulties as well as daily stress situations (Steele and Pollock,1968). Another major component is retraining the parenting style to aid in the formation of more age-appropriate expectations of the child (Spinetta and Rigler,1972; Caskey and Richardson,1975). A secondary goal is the establishment of trust and social contacts and the displacement of

adult dependency needs from the child to other, more capable individuals (Floyd,1976). Furthermore, the parent should be informed of his or her misperception of the child due to past experience (Galdston,1965). The length, frequency and nature of therapy depends upon the style and experience of the therapist but regardless of this, it is the counselor's aim to offer love and protection to the abuser in addition to developing confidence and self-respect. Despite the noble efforts of these workers, the termination of therapy is often seen as rejection which results in the recurrence of abusive behavior. In fact, Martin and Beezley (1977) report that in 68% of their cases, the child continued to receive excessive physical punishment or to experience overt rejection after parental treatment.

For those individuals who deny their problems, experience difficulties with authority and lack inhibitory control over their impulsive behavior, group therapy is suggested. Although its objectives are nearly identical to those of psychotherapy, this treatment plan is often applied to those who find the therapist threatening and who encounter a great deal of anxiety at each session. Regardless of the treatment applied, it must be remembered that many abusive parents will cooperate and give the illusion of being cured if only to expedite the discontinuation of treatment (Justice and Duncan,1975). In these cases, it is not uncommon that the child, upon his or her return home, is assaulted and suffers permanent brain damage or death (Kempe et al.,1962).

Despite an apparent preference for treatment of the parent, Martin and Beezley (1977) suggest that preventive measures may also be taken in regards to the child. The development of autonomy and a feeling of self-worth are seen to be of utmost importance as is assisting the offspring in finding pleasure in life and dealing with his feelings and reactions in particular situations. Justice and Duncan (1975) have organized groups of abused children in order that they jointly solve their problems in addition to providing mutual emotional support.

There are no standard guidelines as to determine which form of therapy should be assigned to which types of abusive parents. While some investigators have suggested that the injury inflicted on the child be the deciding factor, others have proposed that the parental reaction to abuse be the criterion. Abusive parents tend to explain their actions by one of three methods - minimization, justification, or shifting of responsibility (Parker and Collmer, 1975). Minimisation is the typical choice of those abusers who, although displaying disapproval of violence, overlook or forget the harmful effects of their behavior. Otherwise, justification is the tactic of those parents who believe their conduct was appropriate and that severe discipline was necessary. There is no evident guilt on the part of the abuser who perceives his or her behavior in accordance with the rights as parents. A third alternative is the blaming of the child or the spouse for the abusive behavior. In summary, those abusive parents who experience guilt following the beating

of the offspring are more likely candidates for treatment than are those who believe their actions were justified.

Steele and Pollock (1968) provided an in-depth understanding into the role of the non-abusive parent, who has many childhood experiences similar to those of the abusive parent. The non-abusive parent, although not directly implicated, has been found to openly accept and either consciously or unconsciously aid in abuse. It is often the case that this spouse criticizes his partner's child-caring ability or notes the offspring's lack of discipline. Because of this, it has been proposed that both the abusive and non-abusive parent submit themselves to therapy as, upon "cure" of the abuser, the previously non-abusive individual assumes the role of disciplinarian (Mitchell,1975).

As a result of federal funding of health and social service agencies, community programs have been established to protect both the parent and the child of an abusive family. Despite the apparent success of these programs, the organization and location will determine what type of individual is likely to be identified and fruitfully treated (Gelles,1976). Among the programs recently innovated is one reported by Colman (1975) who combined individual and couple counseling with group therapy and family treatment. Program components included a developmental day care which abused children attended for a minimum of four hours per day and a parent session which met one time per week. During this period, adults were involved in a social skills group and an individual crafts project

with the goal of increasing parental self-worth and the ability to work in a structural setting. This program has met with great success as has the nationally organized "Parents Anonymous". With the staffing of a 24 hour hotline for parents who cannot cope with child-rearing and weekly meetings, this group has one of the highest accomplishment and achievement rates recorded.

In conclusion, until our methods of prediction are perfected and the subsequent probability of prevention increased, treatment of the abusive parent is the only reasonable alternative. With the already existing programs, and any feasible modifications or improvements, child abuse, although far from total restraint, is well on its way toward sufficient control.

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